

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>for</i>	67814	2/3/10
O.I.P.E. CLASSIFIER		59	96
FORMALITY REVIEW	<i>1111</i>	70976	10-11-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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